PATENT APPLICATION HEE DETERMINATION RECORD									white a corver unaber			
Effective December 8, 2004								-		<u> 0 </u>	5430	57
CLAIMS AS FILED - PART								SMALL EN	TITY	OR	OTHER SMALL	
-		· 	(Colum	เก 1)		(Column 2)	1		T	7		T
Ľ	S. NATIONAL	STAGE FEES						RATE	FEE	4	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150			GE ENT. = \$ 300		BASIC FEE	<u> </u>	OR	BASIC FEE	30
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100 U.S. Is ISA = \$50/\$100			ther situations = \$ 100 / \$ 200		EXAM. FEE]	EXAM. FEE	200
SEARCH FEE			ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	40
FEE FOR EXTRA SPEC. PGS.			= 001. aunim		/ 50 =			X \$ 125 =	**	ļ:	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			9 minus 20 =		•		٠	X \$ 25 =		OR	X \$ 50 =	
INO	EPENDENT CL	AIMS	(minus 3 =		•	3		X \$ 100 =		OR	X \$ 200 =	600
MUI	TIPLE DEPEN	DENT CLAIM PRI	ESENT					+\$ 180 =		OR	+ \$ 360 =	
If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL		OR	TOTAL	1500,00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OTHER THAN NTITY OR SMALL ENTITY		
πA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID		PRESENT LY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	-[X \$ 25 =		OR	X \$ 50 =	
AMENDMENT	Independent	•	Minus	•••		=		X \$ 100 =		OR	X \$ 200 =	
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =	·	OR	+ \$ 360 =	
							7	TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	
		(Column 1)		(Colum	m 21	(Column 3)			•			ĺ
T.B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••		=		X \$ 25 =		OR	X \$ 50 =	
AMENDMENT	independent	•	Minus	***		g.		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =		
			٦	FEE		OR	TOTAL ADDIT. FEE					
						•						-
• :	V Chan and a share a share	mn 1 is less than the				. •					•	1
** (The Highest Nu	mber Previously Pale	FOR IN THIS SP	ACE is less	than 70	7, enter "20".					•	
		mber Previously Paid ther Previously Paid					n the	appropriate box	in column 1.	-	٠	·

FORM PTO-875 (Rev. 02/2005)

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